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FORM CG-4
Rev. 2/02

**COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION AND REGULATION CABINET
DEPARTMENT OF CHARITABLE GAMING**

**Application for License to Operate a
CHARITABLE GAMING FACILITY
In the Commonwealth of Kentucky**

1. TYPE OF LICENSE SOUGHT: _____ NEW
_____ RENEWAL - LICENSE NUMBER _____
2. NAME OF APPLICANT: _____
- 3a. IS APPLICANT ORGANIZED AS: _____ CORPORATION
_____ PARTNERSHIP
_____ SOLE PROPRIETORSHIP
_____ OTHER
- 3b. IF "OTHER", EXPLAIN IN DETAIL: _____

- 3c. APPLICANT'S FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER: _____
4. NAME OF FACILITY, IF DIFFERENT FROM NAME OF APPLICANT: _____

- 5a. MAILING ADDRESS OF APPLICANT: _____

TELEPHONE: (____) _____
- 5b. STREET ADDRESS OF FACILITY: _____

IF APPLICABLE, TELEPHONE: (____) _____
6. COUNTY IN WHICH FACILITY IS LOCATED: _____

NOTE: Pursuant to KRS 238.530(3) no owner, officer, employee, or an immediate family member of an owner, officer, or employee of a facility shall be eligible for licensure as a distributor or manufacturer.

7. DESCRIPTION OF FACILITY (TYPE OF CONSTRUCTION, SITE LOCATION, ETC.): _____

THE FOLLOWING SPECIFIC INFORMATION IS ALSO REQUIRED:

- A. SQUARE FOOTAGE OF GAMING AREA: _____
B. CAPACITY LEVEL OF FACILITY: _____
C. AVAILABLE PARKING AREA (ESTIMATE NUMBER OF PARKING SPACES OR SIZE OF PARKING AREA): _____

NOTE: ALL PREMISES OR FACILITIES ON WHICH OR IN WHICH CHARITABLE GAMING IS CONDUCTED SHALL MEET ALL APPLICABLE FEDERAL, STATE, AND LOCAL CODE REQUIREMENTS RELATING TO LIFE, SAFETY, AND HEALTH.

Please refer to KRS 238.530(10) for restrictions on all officers, employees, members, volunteers, and the immediate family and/or affiliates of each, relating to a licensed charitable organization's gaming activities.

- 8a. IF APPLICANT IS A CORPORATION, THE FOLLOWING INFORMATION IS REQUIRED FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OF THE CORPORATION. **NOTE: THESE OFFICERS SHALL BE SUBJECT TO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, AND FINGERPRINTING WILL BE REQUIRED. ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES FOR THE BACKGROUND CHECKS.**

FULL NAME: _____
HOME STREET ADDRESS: _____

HOME TELEPHONE: (____) _____
WORK TELEPHONE: (____) _____
CHIEF EXECUTIVE OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

FULL NAME: _____
HOME STREET ADDRESS: _____

HOME TELEPHONE: (____) _____
WORK TELEPHONE: (____) _____
CHIEF FINANCIAL OFFICER'S TITLE: _____

DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

- 8b. IF APPLICANT IS NOT A CORPORATION, THE FOLLOWING INFORMATION IS REQUIRED FOR THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER OF THE APPLICANT. **NOTE: THESE OFFICERS SHALL BE SUBJECT TO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, AND FINGERPRINTING WILL BE REQUIRED. ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES FOR THE BACKGROUND CHECKS.**

FULL NAME:_____	FULL NAME:_____
HOME STREET ADDRESS:_____	HOME STREET ADDRESS:_____
_____	_____
HOME TELEPHONE: (____)_____	HOME TELEPHONE:(____)_____
WORK TELEPHONE: (____)_____	WORKTELEPHONE: (____)_____
CHIEF EXECUTIVE OFFICER'S TITLE:_____	CHIEF FINANCIAL OFFICER'S TITLE:_____
_____	_____
DATE OF BIRTH: _____	DATE OF BIRTH:_____
SOCIAL SECURITY NUMBER:_____	SOCIAL SECURITY NUMBER:_____
_____	_____

- 8c. THE FOLLOWING INFORMATION IS REQUIRED FOR EACH EMPLOYEE OR CONTRACTEE OF APPLICANT WHICH MANAGES THE FACILITY OR PROVIDES OTHER AUTHORIZED SERVICES, INCLUDING SECURITY, CONCESSIONS, JANITORIAL SERVICES, ETC.:

FULL NAME:_____	FULL NAME:_____
HOME STREET ADDRESS:_____	HOME STREET ADDRESS:_____
_____	_____
HOME TELEPHONE: (____)_____	HOME TELEPHONE:(____)_____
WORK TELEPHONE: (____)_____	WORK TELEPHONE:(____)_____
DATE OF BIRTH: _____	DATE OF BIRTH:_____
SOCIAL SECURITY NUMBER:_____	SOCIAL SECURITY NUMBER:_____
_____	_____

MARK ONE:
☐ EMPLOYEE OR ☐ CONTRACTEE

PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND DESCRIBE
REGULAR JOB DUTIES: _____

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☐ EMPLOYEE OR ☐ CONTRACTEE

PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND DESCRIBE
REGULAR JOB DUTIES: _____

FULL NAME: _____
HOME STREET ADDRESS: _____

HOME TELEPHONE: (____) _____
WORK TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
☐ EMPLOYEE OR ☐ CONTRACTEE

PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND DESCRIBE
REGULAR JOB DUTIES: _____

FULL NAME: _____
HOME STREET ADDRESS: _____

HOME TELEPHONE: (____) _____
WORK TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

MARK ONE:
☐ EMPLOYEE OR ☐ CONTRACTEE

PLEASE PROVIDE JOB TITLE OR
POSITION HELD AND DESCRIBE
REGULAR JOB DUTIES: _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

9. THE FOLLOWING INFORMATION IS REQUIRED FOR EACH INDIVIDUAL WHO HAS A 10% OR GREATER FINANCIAL INTEREST IN THE APPLICANT (FACILITY). **NOTE: THESE INDIVIDUALS SHALL BE SUBJECT TO A STATE AND NATIONAL CRIMINAL HISTORY BACKGROUND CHECK, AND FINGERPRINTING WILL BE REQUIRED. ADDITIONAL INFORMATION WILL BE FORWARDED TO YOU RELATING TO THE PROCEDURES FOR THE BACKGROUND CHECKS.**

FULL NAME: _____
HOME STREET ADDRESS: _____

HOME TELEPHONE: (____) _____
WORK TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

FULL NAME: _____
HOME STREET ADDRESS: _____

HOME TELEPHONE: (____) _____
WORK TELEPHONE: (____) _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

- 10a. **ATTACH** A COPY OF A BLANK STANDARD LEASE AGREEMENT USED BETWEEN APPLICANT AND CHARITABLE ORGANIZATION.

Please read KRS 238.555(4) to ensure your lease meets the requirements of this statute.

- 10b. DESCRIPTION OF SPACE LEASED TO CHARITABLE ORGANIZATION IF DIFFERENT FROM DESCRIPTION LISTED ON QUESTION #7: _____

11. THE FOLLOWING INFORMATION IS REQUIRED FOR EACH CHARITABLE ORGANIZATION TO WHICH YOU CURRENTLY LEASE SPACE:

CHARITABLE ORGANIZATION: _____
FREQUENCY OF USE: _____
HOURS OF USE: _____
RATE CHARGED: _____
SERVICES PROVIDED BY FACILITY (CONCESSIONS, JANITORIAL SERVICE, ETC.): _____

EXPIRATION DATE OF CURRENT LEASE: _____

CHARITABLE ORGANIZATION: _____
FREQUENCY OF USE: _____
HOURS OF USE: _____
RATE CHARGED: _____
SERVICES PROVIDED BY FACILITY (CONCESSIONS, JANITORIAL SERVICE, ETC.): _____

EXPIRATION DATE OF CURRENT LEASE: _____

CHARITABLE ORGANIZATION: _____
FREQUENCY OF USE: _____
HOURS OF USE: _____
RATE CHARGED: _____
SERVICES PROVIDED BY FACILITY (CONCESSIONS, JANITORIAL
SERVICE, ETC.): _____

EXPIRATION DATE OF CURRENT LEASE: _____

CHARITABLE ORGANIZATION: _____
FREQUENCY OF USE: _____
HOURS OF USE: _____
RATE CHARGED: _____
SERVICES PROVIDED BY FACILITY (CONCESSIONS, JANITORIAL
SERVICE, ETC.): _____

EXPIRATION DATE OF CURRENT LEASE: _____

CHARITABLE ORGANIZATION: _____
FREQUENCY OF USE: _____
HOURS OF USE: _____
RATE CHARGED: _____
SERVICES PROVIDED BY FACILITY (CONCESSIONS, JANITORIAL
SERVICE, ETC.): _____

EXPIRATION DATE OF CURRENT LEASE: _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

12. **ATTACH** COPIES OF EACH SIGNED LEASE AGREEMENT DESCRIBED IN QUESTION #11 ABOVE.

13. DOES ANY OFFICER, EMPLOYEE, OR CONTRACTEE OF THE APPLICANT OR AN AFFILIATE OR ANY MEMBER OF THE IMMEDIATE FAMILY OF ANY OFFICER, EMPLOYEE, OR CONTRACTEE OF THE APPLICANT OR AN AFFILIATE:

A. MANAGING OR OTHERWISE INVOLVED IN THE CONDUCT OF THE CHARITABLE GAMING?

☐ YES or ☐ NO

B. PROVIDING BOOKKEEPING OR ACCOUNTING SERVICES RELATED TO THE CONDUCT OF CHARITABLE GAMING?

☐ YES or ☐ NO

C. HANDLING ANY MONEYS GENERATED IN THE CONDUCT OF CHARITABLE GAMING?

☐ YES or ☐ NO

D. ADVISING A LICENSED CHARITABLE ORGANIZATION ON THE EXPENDITURE OF NET RECEIPTS FROM THE CHARITABLE GAMING?

☐ YES or ☐ NO

E. PROVIDING TRANSPORTATION SERVICES IN ANY MANNER TO PATRONS OF A CHARITABLE GAMING ACTIVITY?

☐ YES or ☐ NO

F. PROVIDING ADVERTISEMENT OR MARKETING SERVICES IN ANY MANNER TO A LICENSED CHARITABLE ORGANIZATION?

☐ YES or ☐ NO

G. PROVIDING PERSONNEL OR VOLUNTEERS IN ANY MANNER?

☐ YES or ☐ NO

IF "YES" TO ANY OF THE ABOVE, EXPLAIN:

14a. HOW LONG HAVE YOU OPERATED THIS FACILITY? _____

14b. DO YOU OWN THE FACILITY YOU ARE LEASING TO CHARITABLE ORGANIZATIONS?

☐ YES or ☐ NO

IF "NO", PLEASE ATTACH A COPY OF THE LEASE AGREEMENT BETWEEN APPLICANT AND APPLICANT'S LESSOR AND STATE BELOW WHO OWNS THE PROPERTY WHERE THE CHARITABLE GAMING ACTIVITIES WILL BE CONDUCTED.

NAME: _____
ADDRESS: _____

COUNTY: _____
TELEPHONE: (____) _____

15. HAVE YOU BEEN LICENSED OR PERMITTED TO OPERATE A CHARITABLE GAMING FACILITY IN ANY OTHER STATES OR TERRITORIES?

☐ YES or ☐ NO

IF "YES", FOR EACH SUCH STATE/TERRITORY, SPECIFY THE DATE OF LICENSURE, THE LICENSE OR PERMIT NUMBER (IF APPLICABLE), AND THE TYPE OF LICENSE ISSUED:

STATE/TERRITORY: _____	STATE/TERRITORY: _____
DATE OF LICENSURE: _____	DATE OF LICENSURE: _____
LICENSE OR PERMIT NUMBER: _____	LICENSE OR PERMIT NUMBER: _____
TYPE OF LICENSE ISSUED: _____	TYPE OF LICENSE ISSUED: _____

(ATTACH ADDITIONAL SHEETS, IF NECESSARY)

16. HAS THE APPLICANT HAD ANY DISCIPLINARY ACTION TAKEN BY ANY OTHER REGULATORY AUTHORITIES IN THE COMMONWEALTH OF KENTUCKY?

☐ YES or ☐ NO

IF "YES", EXPLAIN IN DETAIL THE CIRCUMSTANCES:

17. HAS THE APPLICANT HAD ANY DISCIPLINARY ACTION TAKEN BY REGULATORY AUTHORITIES IN ANY OTHER STATES OR TERRITORIES?

☐ YES or ☐ NO

IF "YES", EXPLAIN IN DETAIL THE CIRCUMSTANCES:

18. HAS THE APPLICANT EVER BEEN DENIED A LICENSE OR PERMIT TO OPERATE A CHARITABLE GAMING FACILITY?

☐ YES or ☐ NO

IF "YES", STATE WHEN AND BY WHAT REGULATORY AUTHORITY AND ON WHAT GROUND(S):

- 19a. HAS APPLICANT OR ANY INDIVIDUAL NAMED IN QUESTIONS #8a, #8b, OR #9 ABOVE BEEN CONVICTED OF A CRIME IN FEDERAL COURT OR THE COURTS OF ANY STATE, THE DISTRICT OF COLUMBIA, OR ANY TERRITORY OF THE UNITED STATES?

☐ YES or ☐ NO

☐ **Information has not changed from previously reported conviction(s).**

IF "YES", DESCRIBE IN DETAIL:

- 19b. IS THE APPLICANT OR ANY INDIVIDUAL NAMED IN QUESTIONS 8A, 8B OR 9 ABOVE UNDER INDICTMENT IN FEDERAL COURT OR THE COURTS OF ANY STATE, THE DISTRICT OF COLUMBIA, OR ANY TERRITORY OF THE UNITED STATES?

YES or NO

IF "YES", DESCRIBE IN DETAIL:

20. IS THE APPLICANT LICENSED AS A WHOLESALER OR DISTRIBUTOR OF ALCOHOLIC BEVERAGES?

☐ YES or ☐ NO

21. IS THE APPLICANT LICENSED AS A CHARITABLE ORGANIZATION?

☐ YES or ☐ NO

22. IS THE APPLICANT LICENSED AS A DISTRIBUTOR?

☐ YES or ☐ NO

23. IS THE APPLICANT LICENSED AS A MANUFACTURER?

☐ YES or ☐ NO

24. IS THIS FACILITY USED, LEASED, OR PROVIDED TO ANY ORGANIZATION FOR ANY USE OTHER THAN FOR THE CONDUCT OF CHARITABLE GAMING?

YES or NO

IF YES, PLEASE EXPLAIN IN DETAIL: _____

25. DOES ANY ORGANIZATION HAVE AN OFFICE OR PLACE OF BUSINESS AT THE FACILITY?

YES or NO

IF YES, PLEASE EXPLAIN IN DETAIL: _____

26. DOES THIS FACILITY MEET ALL APPLICABLE FEDERAL, STATE AND LOCAL CODE REQUIREMENTS RELATING TO LIFE, SAFETY AND HEALTH?

YES or NO

THE APPLICANT SHALL NOTIFY THE DEPARTMENT OF CHARITABLE GAMING IN WRITING OF ANY CHANGES IN RESPONSES TO QUESTIONS 1-26 ABOVE. THIS INCLUDES THE LEASES OF ADDITIONAL CHARITABLE ORGANIZATIONS AND NOTIFICATION TO THE DEPARTMENT WHEN CHARITABLE ORGANIZATIONS CEASE GAMING AT YOUR FACILITY.

**THE FOLLOWING IS TO BE COMPLETED BY AN OFFICER LISTED ON QUESTIONS
#8a OR #8b:**

CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT I AM AN OFFICER AUTHORIZED BY THE APPLICANT TO MAKE APPLICATION FOR LICENSURE AND THAT I HAVE EXAMINED THIS APPLICATION FOR LICENSURE, INCLUDING ACCOMPANYING MATERIALS, AND ALL INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT. I FURTHER CERTIFY THAT THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS AND ADMINISTRATIVE REGULATIONS REGARDING CHARITABLE GAMING IN THE COMMONWEALTH OF KENTUCKY.

SIGNATURE: _____
PRINT NAME: _____
TITLE: _____

**MAIL COMPLETED APPLICATION (INCLUDING ALL REQUIRED ATTACHMENTS),
TOGETHER WITH THE \$25.00 PROCESSING FEE MADE PAYABLE TO “KENTUCKY STATE
TREASURER”, TO:**

**PUBLIC PROTECTION AND REGULATION CABINET
DEPARTMENT OF CHARITABLE GAMING
DIVISION OF LICENSING & COMPLIANCE
132 BRIGHTON PARK BOULEVARD
FRANKFORT, KY 40601-3714**

IF YOU NEED ANY HELP COMPLETING THIS APPLICATION, PLEASE CALL (502) 573-5528 OR
TOLL-FREE IN KENTUCKY, (800) 729-5672.

VISIT OUR WEBSITE AT:
<http://dcg.state.ky.us>